

Attachment 6-2a

**PROTOCOL CHECKLIST
FOR INITIAL SUBMISSION**

These items are to be sent to NIH for final review and assignment of a protocol number:

Name of Investigator _____

Name of Study _____

_____ Completed NIH-1195 (v. 9-06)

_____ **Precis** (Please attach a one paragraph (<400 words) summary of the study objectives, study design, and outcome measures. Usually part of the protocol)

PROTOCOL WITH SECTION HEADINGS (OHSR Information Sheet #5)

_____ **BACKGROUND/INFORMATION**

_____ **OBJECTIVES**

_____ **STUDY DESIGN/METHODOLOGY**

_____ Study Design, including procedures and screening tests,

_____ Details of Experimental Treatment (where appropriate – for Clinical Studies)

_____ Toxicity Table (where appropriate – for Clinical Studies)

_____ **PARTICIPANT INCLUSION CRITERIA** (must be included)

_____ **PARTICIPANT EXCLUSION CRITERIA** (must be included)

_____ **PATIENT/SUBJECT MONITORING**

_____ **ADVERSE EVENTS**

_____ Describe the plan for reporting of adverse events. Define what types of events constitute an adverse event.

_____ **STUDY ANALYSIS** (precise outcomes, statistical methods, power calculations)

_____ **HUMAN SUBJECT PROTECTIONS** (must be included)

_____ Subject selection criteria (including prevalence/population data/statistical considerations and strategies for recruitment, including advertising)

_____ Evaluation of Benefits and Risks/Discomforts

_____ Consent and Assent Procedures

_____ **REFERENCES INCLUDED**

OTHER ATTACHMENTS:

_____ **CLEARANCE OF NIH INVESTIGATOR PERSONAL FINANCIAL HOLDINGS BY IC ETHICS OFFICE (PFH) Version 3/18/08 (WITH DEC APPROVAL) (MANDATORY)**

_____ **DESIGNATION OF REIMBURSEMENT FOR TRAVEL AND SUBSISTENCE (DRTS) FORM (MANDATORY)**

_____ **CONSENT FORM (MANDATORY)(s)**

_____ **ADVERTISEMENT**

_____ **LETTERS TO SUBJECTS**

_____ **SCIENTIFIC REVIEW SUMMARY AND APPROVAL (MANDATORY)**

_____ **CORRESPONDENCE WITH PI**

_____ **C.V. FOR PI**

_____ **C.V. FOR ASSOC. INV.**

_____ **List of Off-Site Locations** if seeking approval off-site: Include their Federal Wide Assurance Number

OTHER REVIEWS REQUIRED? INCLUDE DOCUMENTATION

Radiation Safety _____ Yes _____ No

Biosafety _____ Yes _____ No

RAC _____ Yes _____ No

INVESTIGATIONAL NEW DRUG _____ Yes (Investigator's Brochure Submitted)

_____ No